## **COHE PILOT FEE SCHEDULE – July 2006**

PROVIDER	SERVICE	CODE*	MAXIMUM FEE non-facility setting	MAXIMUM FEE facility setting	NOTES
COHE MENTORS	Complete assessment for impediments to	1067M-TG low complexity	1067M-TG – \$176.76	1067M-TG – \$134.47	1 allowed per claim
	return to work at 4 weeks of time loss.	1067M moderate	1067M - \$249.41	1067M – \$198.45	
		complexity	1067M-TF – \$322.07	1067M-TF – \$264.59	
		high complexity			
	Telephone call / consultation	99371	99371 – \$15.18	99371 – \$10.30	
	regarding care of injured workers.	99372	99372 – \$30.36	99372 – \$20.60	
		99373	99373 – \$45.54	99373 – \$30.36	
	Includes telephone calls to employer about return to work.	(Use modifier 32 for calls to employers)			
	Medical conference to coordinate care	99361	99361 – \$97.60	99361 – \$68.32	
		99362	99362 – \$172.96	99362 – \$136.09	
	Work-site visit and job modifications	0389R	0389R - \$9.93 per each 6 minutes	0389R – \$9.93 per each 6 minutes	
		0390R	0390R – \$8.17 per each 6 minutes	0390R – \$8.17 per each 6 minutes	

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PROVIDER	SERVICE	CODE*	MAXIMUM FEE non-facility setting	MAXIMUM FEE facility setting	NOTES
HEALTH SERVICES COORDINATOR (NON-PHYSICIAN SERVICES)	Coordination of health services—face to face with patient	1152M 1153M	1152M - \$117.12 1153M - \$70.49	1152M - \$90.01 1153M - \$43.92	Must have actual contact with patient
	Coordination of health services— without face to face contact	G9001 G9002	G9001 – \$48.95 G9002 – \$16.35 per each 15 minutes	G9001 – \$48.95 G9002 – \$16.35 per each 15 minutes	G9001 – 1 per claim  G9002 – maximum of 8 hours per claim
	Work-site visit and job modifications	0389R 0390R	0389R - \$9.93 per each 6 minutes 0390R - \$8.17 per each 6 minutes.	0389R - \$9.93 per each 6 minutes 0390R - \$8.17 per each 6 minutes	
ATTENDING PHYSICIANS IN THE PILOT	ROA received by L&I within 2 business days of first provider visit.	1040M	1040M - \$52.83	1040M - \$52.83	
	ROA received by L&I more than 2 business days after first provider visit.	1040M	1040M - \$35.22	1040M – \$35.22	Paid according to L&I fee schedule
	Complete activity prescription at each evaluation health care visit.	1069M	1069M - \$45.79	1069M – \$45.79	Paid for medical-only and time-loss claims
	Emergency Department work status form	1072M	1072M - \$28.17	1072M – \$28.17	Paid for medical-only and time-loss claims

Printed: September 12, 2006

PROVIDER	SERVICE	CODE*	MAXIMUM FEE non-facility setting	MAXIMUM FEE facility setting	NOTES
ATTENDING PHYSICIANS IN THE PILOT (cont.)	Physical medicine	1044M	1044M - \$40.09	1044M - \$40.09	Limited to first six visits, except when a doctor practices in a remote area.
	Medical conference	99361	99361 – \$97.60	99361 – \$68.32	
	to coordinate care	99362	99362 – \$172.96	99362 – \$136.09	
	Telephone call / consultation	99371	99371 – \$15.18	99371 – \$10.30	
	regarding care of injured workers.	99372	99372 – \$30.36	99372 – \$20.60	
	gareaee.	99373	99373 – \$45.54	99373 – \$30.36	
	Includes telephone calls to employer about return to work.	(Use modifier 32 for calls to employers)			
	Refer for assessment of impediments to return to work at 4 weeks of time loss.	1070M	1070M – \$28.17	1070M - \$28.17	1 per claim
	Complete assessment for impediments to return to work at 4 weeks of time loss. (performed by APP)	1068M	1068M – \$97.60	1068M – \$68.05	1 per claim

<sup>\*</sup>For a detailed description of the procedure codes, please refer to the Current Procedural Terminology (CPT®) book, published by the American Medical Association, in effect at the time the services were performed.

Printed: September 12, 2006